

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Inmate Services

GUEST VOLUNTEER INFORMATION

(Please Print in Ink)

Date of Volunteer Activity

Institution

Name of Individual or Group

Name of Group Sponsor (for groups)

Mailing Address for Group Sponsor

Home Telephone # w/Area Code

Work Telephone # w/Area Code

SCDC Supervisor of the Activity

This is to certify that I can personally identify all persons within our group as persons who I know as member of our group.

Signature of Group Sponsor

Date

Guest Volunteer Agreement: (Each person must sign before entering institution.)

1. I will not carry anything in or out of the institution for any inmate.
2. I am not a family member or friend or on the visiting list of any inmate in this institution nor have I made application to visit any inmate in any capacity at this institution. (Exceptions must be approved by the Warden.)
3. I understand that if I am a former inmate, then I must receive written permission from the affected Warden(s) prior to providing volunteer services as a Guest Volunteer, as explained in SCDC Policy/Procedure PS-10.04.
4. I understand that if I am a SCDC employee, former SCDC employee, or family member of a SCDC employee, then I must receive written permission from the affected Warden(s) prior to providing volunteer services as an Guest Volunteer, as explained in SCDC Policy/Procedure PS-10.04.
5. I understand that the SCDC strictly enforces a drugfree working environment and that I may be subject to reasonable suspicion and/or accident and unsafe practice drug testing. I further understand that if I should test positive for an illegal substance or I refuse to submit to such testing, then my volunteer service privileges with the SCDC will be revoked permanently.
6. I release the South Carolina Department of Corrections, it agents, and employees from any liability from my request to participate in this volunteer activity.
7. I understand that if I enter this institution without following the appropriate procedures, e.g., obtaining the written permission of the affected Warden, then this violation will result in my removal as a volunteer.
8. As a Guest Volunteer, I may learn personal and confidential information about inmates in the SCDC. I agree that any such information will not be disclosed without the written consent of both the involved inmate and the affected staff member. I understand that a violation of this pledge will result in my removal as a volunteer.

(Additional person should sign the back of the form.)

(over)

Please Print Your Name

Drivers License Number

Please Sign Your Name

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